

SIGNATURE FREIGHT CARRIERS INC.



CUSTOMER SETUP

CALIFORNIA BRANCH

449 Park Ave. San Fernando, CA 91340

NEVADA BRANCH

7251 W. Lake Mead Blvd #300 Las Vegas, NV 89128

Phone# 702-534-3860 Fax# 702-940-6509

SIGNATURE FREIGHT CARRIERS INC.



LOAD TRACKING & TRACING EMAIL:  
sfcloadtracking@gmail.com

CUSTOMER RELATIONS:  
DERO ESSAIE  
PH:702-577-0058  
EMAIL: sfc2dero@gmail.com

CUSTOMER RELATIONS  
EDDIE BABAKHANYAN  
702-534-3860  
EMAIL: signaturefreightcarriers@gmail.com

A/R & BILLING:  
CLAUDIA GOMEZ  
PH: 702-347-4126  
EMAIL: sfcaccounting@yahoo.com

INSURANCE:  
info@amis4me.com



## COMPANY PROFILE

S.F.C. Signature Freight Carriers, Inc. is a family owned and operated asset based truckload transportation provider. Starting with just one truck, we have grown to become a leader in dry and refrigerated truckload transportation across the country. With primary traffic lanes between California, Oregon, Nevada, Washington and Arizona. We keep an eye on the big picture to provide the best service possible with a competitive edge like no other. S.F.C. Signature Freight Carriers, Inc. is out to become a top trucking company when it comes to on time pickup and delivery. We are always looking for new ways to provide greater choice and service for our customers and a strong foundation for our business. We make sure that our equipment and our drivers are ready to perform to your expectations.

S.F.C. Signature Freight Carriers, Inc. is an asset based trucking company operating in the United States with extensive coverage to California, Nevada, Oregon, Washington and Arizona. We offer Dry Truckload Services, Temperature Control Truckload Services, Dedicated Fleets, and Freight Brokerage, coverage. We service many large and small companies on a daily basis and have the right equipment, solutions, and personnel to see every job through.

We create efficiency for our customers by maximizing load sizes and offering customized solutions for their transportation needs. Dedication and commitment to total customer satisfaction has led us to develop long term relationships with many of our customers.



SIGNATURE FREIGHT CARRIERS INC.

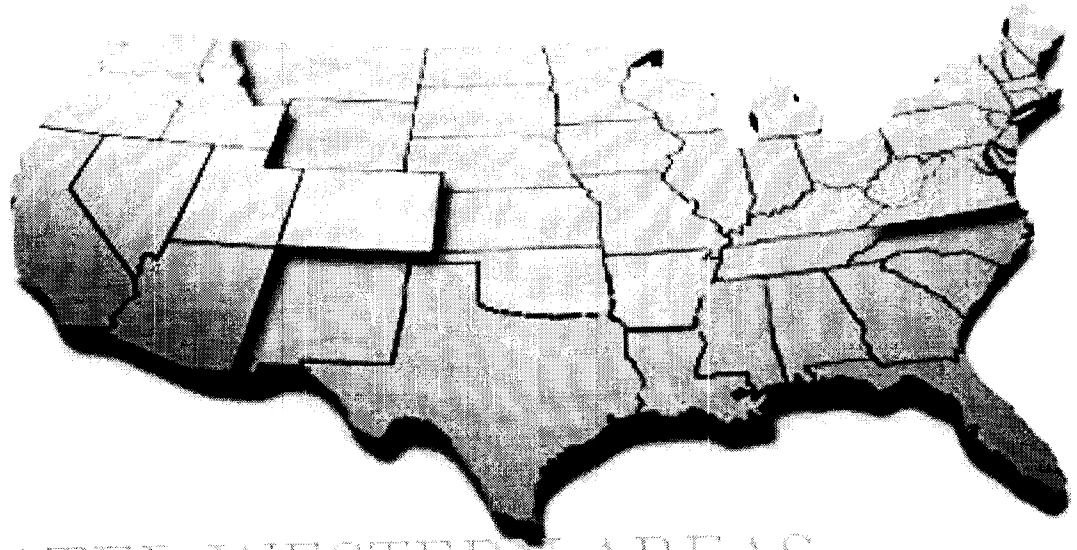
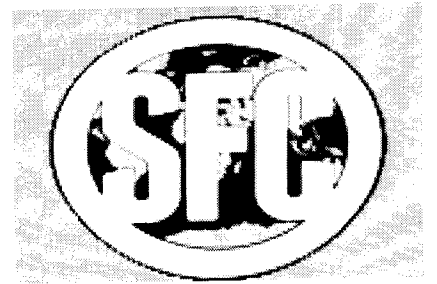


REFERENCES

DRAKE FARMS  
Amanda McLoughlin  
805-543-3271 x12

M2  
Christy Bardwell  
713-223-3200 x6540

TMI  
Nicole Wood  
877-930-9779



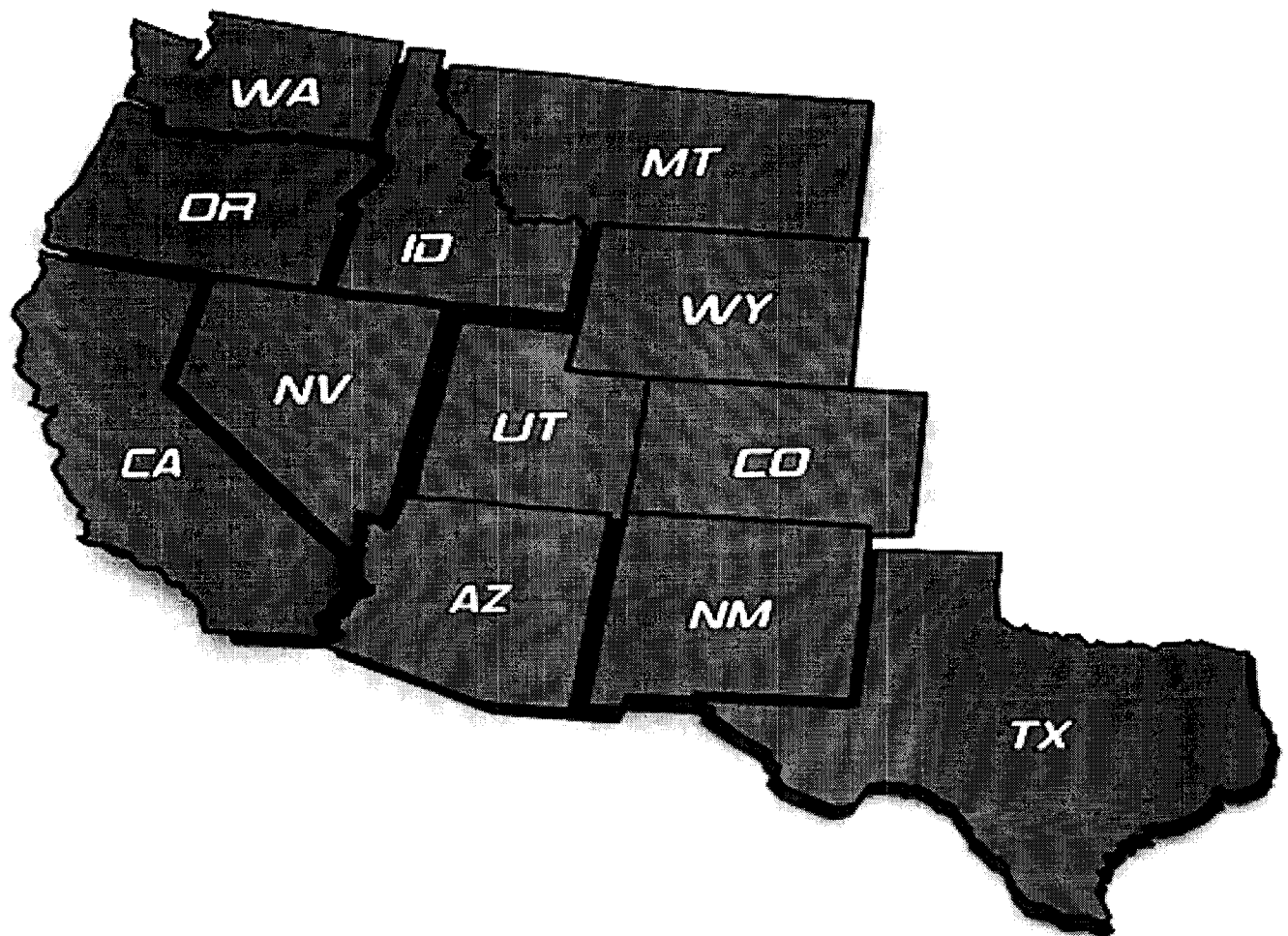
## DEDICATED WESTERN AREAS

For more information on the SFC's dedicated western areas, please contact your SFC representative or call 1-800-368-7272. The SFC is committed to providing the highest quality service to our customers in the western United States.



## TRUCKLOAD SERVICE

Dry van and refrigerated, truckload carrier. Our service area covers the Western United States. With on time service and no fail attitude set us apart from others. Our trailer fleet is a combination of 53' air ride trailers. We transport retail goods, raw materials, and other general commodities throughout the Western U.S



**Credit Application Must be Completed and Signed by an Authorized Company Representative or Officer**

**BUSINESS CONTACT INFORMATION**

Title: \_\_\_\_\_  
Company name: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Registered company address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Date business commenced: \_\_\_\_\_  
Sole proprietorship: \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_ Other: \_\_\_\_\_

**BUSINESS AND CREDIT INFORMATION**

Primary business address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
How long at current address? \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Bank name: \_\_\_\_\_  
Bank address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Type of account \_\_\_\_\_ Account number \_\_\_\_\_  
Savings \_\_\_\_\_  
Checking \_\_\_\_\_  
Other \_\_\_\_\_

**BUSINESS/TRADE REFERENCES**

Company name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Type of account: \_\_\_\_\_  
Company name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Type of account: \_\_\_\_\_  
Company name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

CREDIT APPLICATION MUST BE COMPLETED & SIGNED BY AN  
AUTHORIZED COMPANY REPRESENTATIVE OR OFFICER

We herein make application to S.F.C. Signature Freight Carriers Inc. for credit and/or update or to reconfirm our existing accounts and balances with S.F.C. Signature Freight Carriers Inc. invoices are due and payable within 30 days from invoice date. In the event payment is not made and this account is referred for collection, we will pay cost of collection equal to a minimum of twenty five percent of principal amount. also we understand that interest on any unpaid balance will be charged at the highest rate authorized by law. if a suit or action is instituted, we promise to pay attorney fees in said suit or action. It is understood that in the event suit is brought against either party by the other, the laws the states of California & Nevada shall govern the terms and provisions of this agreement in California & Nevada courts. I hereby authorize S. F. C. Signature Freight Carriers Inc. or any credit bureau or other investigation agency employed by S. F. C. Signature Freight Carriers Inc. to obtain bank, vendor, other credit references and personal credit information on owners, officers, directors or guarantor(s) as deemed necessary to establish credit and financial responsibly. I hereby certify that all statements in this application are true and complete, and further we agree to the terms of this agreement.

S.F.C. Signature Freight Carriers Inc. will only be responsible for the first ON HUNDRED THOUSAND DOLLARS (1000,000.00) of cargo loss (causes of cargo loss included, but not limited to theft, fire damage while in transit, and it could be a complete or a partial loss). its is the sole responsibility of the CUSTOMER "CUSTOMER" is the party contacting S.F.C. Signature Freight Carriers Inc. for the shipment) to make certain that each shipment contracted to S.F.C. Signature Freight Carriers Inc. is within the one hundred thousand dollars limited stated above and S.F.C. Signature Freight Carriers Inc. is under no circumstance will ever be liable for losses in excess of the above stated limit. CUSTOMER is to make certain that no shipment contracted to S.F.C. Signature Freight Carriers Inc. will ever contain any types of electronics, beer,wine, equipment, machinery, vehicles, home furniture and or appliances, valuable notes, jewelry, arts and paintings and any type of garment. Under any circumstances will ever be liable for losses of the above list.

SIGNATURES

TITLE:  
DATE:

TITLE:  
DATE:



## Request for Taxpayer Identification Number and Certification

Give Form to the  
 requester. Do not  
 send to the IRS.

**Name (as shown on your income tax return)**  
**S.F.C. SIGNATURE FREIGHT CARRIERS INC.**

**Business name/disregarded entity name, if different from above**

Check appropriate box for federal tax classification:  
 Individual/sole proprietor     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶     Exempt payee

Other (see instructions) ▶

**Address (number, street, and apt. or suite no.)**  
**7251 WEST LAKE MEAD BLVD #300**

**City, state, and ZIP code**  
**LAS VEGAS, NV 89128**

**List account number(s) here (optional)**

**Requester's name and address (optional)**

Print or type  
 See Specific Instructions on page 2.

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number								
2	7		-	2	3	5	6	4 5 8

### Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

**Sign Here**    Signature of U.S. person ▶    Date ▶ 1-3-13

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

#### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



U.S. Department of Transportation  
Federal Motor Carrier Safety Administration

1200 New Jersey Ave., S.E.  
Washington, DC 20590

**SERVICE DATE**  
**May 07, 2010**

**PERMIT**  
**MC-711291-P**  
S F C SIGNATURE FREIGHT CARRIERS INC  
LAS VEGAS, NV

This Permit is evidence of the carrier's authority to engage in transportation as a **contract carrier of property (except household goods)** by motor vehicle in interstate or foreign commerce.

This authority will be effective as long as the carrier maintains compliance with the requirements pertaining to insurance coverage for the protection of the public (49 CFR 387) and the designation of agents upon whom process may be served (49 CFR 366). Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

Service must be performed under a continuing agreement with one or more persons.

A handwritten signature in black ink, appearing to read "Jeffrey L. Secrist".

Jeffrey L. Secrist, Chief  
Information Technology Operations Division

**NOTE:** Willful and persistent noncompliance with applicable safety fitness regulations as evidenced by a DOT safety fitness rating of "Unsatisfactory" or by other indicators, could result in a proceeding requiring the holder of this certificate or permit to show cause why this authority should not be suspended or revoked.

PMO



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/23/2013

<b>PRODUCER</b>  <b>A.M.I.S.</b> <b>ANDY MANUKYAN INSURANCE SERVICES</b> <b>1254 S GLENDALE AVE</b> <b>GLENDALE, CA 91205 PH: 818 550-9599</b>	<b>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.</b>	
	<b>INSURERS AFFORDING COVERAGE</b> INSURER A: <b>WESCO INSURANCE COMPANY</b> INSURER B: INSURER C: INSURER D: INSURER E:	<b>NAIC #</b>
<b>INSURED</b>  <b>S.F.C. SIGNATURE FREIGHT CARRIERS, INC</b> <b>7251 WEST LAKE MEAD BL SUITE 300</b> <b>LAS VEGAS, NV 89128</b>		

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	WPP 1021505-02	04/09/2013	04/09/2014	EACH OCCURRENCE	\$ 1,000,000
		DAMAGE TO RENTED PREMISES (Ea occurrence)				\$ 100,000	
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
A		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> UMBI \$60,000 <input checked="" type="checkbox"/> T&S \$5,000	WPP 1021505-02	04/09/2013	04/09/2014	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
		BODILY INJURY (Per person)				\$	
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN EA ACC AGG	\$
		<b>EXCESS / UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCJR <input type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
A		<b>OTHER</b> <b>PHYSICAL DAMAGE</b>	WPP 1021505-02	04/09/2013	04/09/2014	\$1000 DED.	ACV
		<b>MOTOR TRUCK CARGO</b>	WPP 1021505-02	04/09/2013	04/09/2014	\$1000/2500 DED.	\$ 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

2002 FRHT TRK VIN: 1FUJA6CG92LK25072, 2002 GRT DN DRY VIN: 1GRAA06202K246361 POLICY INCLUDES REFER BREAKDOWN \$2,500 DED  
 2005 FRHT TRK VIN: 1FUJA6CK85LN60672, 1998 HYUNDAI DRY VIN: 3H3V532C9WT074032  
 2005 FRHT TRK VIN: 1FUJA6CG45LV45520, 2002 HYUNDAI DRY VIN: 3H3V532C82T039007  
 2005 FRHT TRK VIN: 1FUJA6CK85PU02499, 2003 WABASH DRY VIN: 1JJV532W03L817425  
 2004 FRHT TRK VIN: 1FUJBBG74LMS2477, 2005 WABASH REF VIN: 1JJV532W75L958706


## CERTIFICATE HOLDER

Insured's copy

For all other requests please fax 818-551-9599

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES

AUTHORIZED REPRESENTATIVE   
 Andy Manukyan



October 04, 2013

EDVIN BABAKHANYAN  
S F C SIGNATURE FREIGHT CARRIERS INC  
7251 WEST LAKE MEAD BL SUITE 300  
LAS VEGAS, NV 89128

CERTIFICATE OF STANDARD CARRIER ALPHA CODE (SCAC) ASSIGNMENT

The Standard Carrier Alpha Code of **SFFB** has been assigned to:

S F C SIGNATURE FREIGHT CARRIERS INC  
7251 WEST LAKE MEAD BL SUITE 300  
LAS VEGAS, NV 89128  
MC-711291  
US DOT- 2022172

This Alpha Code will apply only to the company name shown above through June 30, 2014. An invoice will be mailed approximately one month prior to expiration and must be returned promptly together with payment to ensure its continued validity. Should the company name or address change, please notify the National Motor Freight Association, Inc. at the address above. **If you participate in the Bureau of Customs & Border Protection ACE, AMS, CAFES, FAST or PAPS programs, it is your responsibility to ensure that a copy of this letter is forwarded (email preferred) to the following address:**

CBP SCAC Processing  
Bureau of Customs and Border Protection  
7681 Boston Blvd., Beauregard (B-308)  
Springfield, VA 22153  
AMS.SCAC@DHS.GOV

Alpha Codes ending with the letter "U" have been reserved for the identification of freight containers. If your Alpha Code ends with the letter "U", it should be used only for this purpose. A non-U ending Alpha Code should be obtained to satisfy other requirements such as company identification for Customs, Electronic Data Interchange, freight payments, tariffs, etc.

NOTICE: Assignment of the above listed SCAC is unrelated to participation in the National Motor Freight Classification (NMFC). Further, it does not confer membership in the National Motor Freight Traffic Association, Inc. nor allow use of the NMFC in connection with freight rates. For participation and membership information, please call (703) 838-1810

# FMCSA Motor Carrier

USDOT Number: **2022172**  
Docket Number: **MC711291**  
Legal Name: **S F C SIGNATURE FREIGHT CARRIERS INC**  
DBA (Doing-Business-As) Name



## Addresses

Business Address: **7251 WEST LAKE MEAD BL SUITE 300  
LAS VEGAS, NV 89128**  
Business Phone: **(702) 534-3860** Business Fax: **Fax: (702) 940-6509**  
Mail Address:

Mail Phone: Mail Fax: Undeliverable Mail: **NO**

## Authorities:

Common Authority: <b>NONE</b>	Application Pending: <b>NO</b>	
Contract Authority: <b>ACTIVE</b>	Application Pending: <b>NO</b>	
Broker Authority: <b>ACTIVE</b>	Application Pending: <b>NO</b>	
Property: <b>YES</b>	Passenger: <b>NO</b>	Household Goods: <b>NO</b>
Private: <b>NO</b>	Enterprise: <b>NO</b>	

## Insurance Requirements:

BIPD Exempt: <b>NO</b>	BIPD Waiver: <b>NO</b>	BIPD Required: <b>\$750,000</b>	BIPD on File: <b>\$1,000,000</b>
Cargo Exempt: <b>NO</b>		Cargo Required: <b>NO</b>	Cargo on File: <b>NO</b>
BOC-3: <b>YES</b>		Bond Required: <b>YES</b>	Bond on File: <b>NO</b>

Blanket Company: **TRUCK PROCESS AGENTS OF AMERICA, INC**

Comments:

## Active/Pending Insurance:

Form: <b>91X</b>	Type: <b>BIPD/Primary</b>	Posted Date: <b>04/08/2013</b>
Policy/Surety Number: <b>WPP1021505-02</b>	Coverage From: <b>\$0</b>	To: <b>\$1,000,000</b>
Effective Date: <b>04/09/2013</b>	Cancellation Date:	

Insurance Carrier: **WESCO INSURANCE COMPANY**  
Attn: **FILINGS DEPT**  
Address: **55 CAPITAL BLVD, FIRST FLOOR  
ROCKY HILL, CT 06067 US**  
Telephone: **(860) 529 - 9006** Fax:

Form: <b>84</b>	Type: <b>SURETY</b>	Posted Date: <b>10/01/2013</b>
Policy/Surety Number: <b>2208599</b>	Coverage From: <b>\$0</b>	To: <b>\$75,000*</b>
Effective Date: <b>10/01/2013</b>	Cancellation Date:	

Insurance Carrier: **GREAT AMERICAN INSURANCE CO.**  
Attn: **PROPERTY & INLAND MARINE DIVISION**  
Address: **580 WALNUT ST.  
CINCINNATI, OH 45202 US**  
Telephone: **(800) 858 - 8335** Fax: **(513) 287 - 8230**